

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/576585

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5		4		4		
6	/		/			
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10		4		4		
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22	/		/			
23		4		4		
24		10		10		
25		4		4		
26		4		4		
27		8		8		
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31	/		/			
32		4		4		
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36	/		/			
37		4		4		
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43	/		/			
44	/		/			
45	/		/			
46	/		/			
47	/		/			
48	/		/			
49	/		/			
50		4		4		
TOTAL IND.	40	↓	40	↓		↓
TOTAL DEP.	80	←	44	←		←
TOTAL CLAIMS	120		84			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		10		10		
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						